

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0184	I	FROM 5/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 4/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 9/29/2009 TIME 17:06

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MARION MEMORIAL HOSPITAL

14-0184

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.



OFFICER OR ADMINISTRATOR OF PROVIDER(S)

VP, Revenue Management

TITLE

9/29/09

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
1	2	3	4	5	6
1 HOSPITAL	0	-412,561	-342,330	0	0
3 SWING BED - SNF	0	0	0	0	0
100 TOTAL	0	-412,561	-342,330	0	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR MARION MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (12/2008)
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA
I PROVIDER NO: 14-0184 I PERIOD: 5/ 1/2008 I PREPARED 9/29/2009
I FROM 5/ 1/2008 I WORKSHEET S-2
I TO 4/30/2009 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 917 WEST MAIN ST
1.01 CITY: MARION P.O. BOX: STATE: IL ZIP CODE: 62959- COUNTY: WILLIAMSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	4 5 6
02.00 HOSPITAL	MARION MEMORIAL HOSPITAL	14-0184		7/ 1/1996	N P O
04.00 SWING BED - SNF	MARION MEMORIAL HOSPITAL	14-U184		3/23/1999	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2008 TO: 4/30/2009

18 TYPE OF CONTROL 1 2 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. Y

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(C)(4) OR 42 CFR 412.105(F)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.				
26.01	SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0			
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	Y	3/23/1999		
28	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.				
28.01	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.02	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3 4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0	0.0000	0.0000
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N	
28.03	STAFFING		0.00%		
28.04	RECRUITMENT		0.00%		
28.05	RETENTION		0.00%		
28.06	TRAINING		0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2				
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?		N		

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008
40.01 NAME: COMMUNITY HEALTH SYSTEMS, INC FI/CONTRACTOR NAME MUTUAL OF OMAHA FI/CONTRACTOR # 52280
40.02 STREET: 4000 MERIDIAN BLVD. P.O. BOX:
40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067 6325
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

- | | PART A
1 | PART B
2 | OUTPATIENT
ASC
3 | OUTPATIENT
RADIOLOGY
4 | OUTPATIENT
DIAGNOSTIC
5 |
|---|-------------|-------------|------------------------|------------------------------|-------------------------------|
| 47.00 HOSPITAL | N | N | N | N | N |
| 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) | | | | | N |
| 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV | | | | | N |
| 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | | | 3 |
| 53.01 MDH PERIOD: BEGINNING: 5/ 1/2008 ENDING: 4/30/2009 | | | | | |
| 53.02 MDH PERIOD: BEGINNING: / / ENDING: / / | | | | | |
| 53.03 MDH PERIOD: BEGINNING: / / ENDING: / / | | | | | |
| 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: | | | | | |
| PREMIUMS: 464,586 | | | | | |
| PAID LOSSES: 582,842 | | | | | |
| AND/OR SELF INSURANCE: 0 | | | | | |
| 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. | | | | | N |
| 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. | | | | | N |
| 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | | | | | |
| 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. | | | | | |
| 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | | | 0.00 0 |
| 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | | | 0.00 0 |
| 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? | | | | | N |
| 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. | | | | | N |
| 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). | | | | | |
| 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) | | | | | N |
| 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) | | | | | N |

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

/ /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:	I PERIOD:	I PREPARED
14-0184	I FROM 5/ 1/2008	9/29/2009
	I TO 4/30/2009	WORKSHEET S-3
		PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	80	29,200			11,604		3,341
2 HMO							573
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					163		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	80	29,200			11,767		3,341
6 INTENSIVE CARE UNIT	12	4,380			2,120		399
11 NURSERY							1,379
12 TOTAL	92	33,580			13,887		5,119
13 RPCH VISITS							
25 TOTAL	92						
26 OBSERVATION BED DAYS							265
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES TITLE XVIII 13	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			20,292				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			199				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			20,491				
6 INTENSIVE CARE UNIT			3,611				
11 NURSERY			1,773				
12 TOTAL			25,875				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS	56	209	482	90	392		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,031	1,623	7,031
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		443.80			3,031	1,623	7,031
13 RPCH VISITS							
25 TOTAL		443.80					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET S-3
 I I TO 4/30/2009 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	22,191,381		22,191,381	936,988.00	23.68	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B						
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL SNF						
8.01	EXCLUDED AREA SALARIES	95,143	-11,600	83,543	3,727.00	22.42	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	2,997,847		2,997,847	48,505.00	61.80	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	170,000		170,000	1,867.00	91.06	
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	1,669,296		1,669,296	30,950.00	53.94	
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
15	WAGE-RELATED COSTS (CORE)	4,673,760		4,673,760			CMS 339
16	WAGE-RELATED COSTS (OTHER)						CMS 339
17	EXCLUDED AREAS	17,662		17,662			CMS 339
18	NON-PHYS ANESTHETIST PART A						CMS 339
19	NON-PHYS ANESTHETIST PART B						CMS 339
20	PHYSICIAN PART A						CMS 339
21	PART A TEACHING PHYSICIANS						CMS 339
22	PHYSICIAN PART B						CMS 339
23	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
24	INTERNS & RESIDENTS (APPRVD)						CMS 339
25	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS	118,141		118,141	4,050.00	29.17	
27	ADMINISTRATIVE & GENERAL	2,568,579	541,629	3,110,208	124,415.00	25.00	
28	A & G UNDER CONTRACT						
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT	327,609		327,609	13,886.00	23.59	
31	LAUNDRY & LINEN SERVICE	36,674		36,674	3,103.00	11.82	
32	HOUSEKEEPING	761,506		761,506	69,070.00	11.03	
33	HOUSEKEEPING UNDER CONTRACT						
34	DIETARY	352		352	19.00	18.53	
35	DIETARY UNDER CONTRACT						
36	CAFETERIA						
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION	1,538,083	-685,879	852,204	17,897.00	47.62	
39	CENTRAL SERVICE AND SUPPLY	124,455		124,455	11,548.00	10.78	
40	PHARMACY	1,009,472		1,009,472	26,548.00	38.02	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	613,964		613,964	42,828.00	14.34	
42	SOCIAL SERVICE						
43	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	22,191,381		22,191,381	936,988.00	23.68	
2	EXCLUDED AREA SALARIES	95,143	-11,600	83,543	3,727.00	22.42	
3	SUBTOTAL SALARIES	22,096,238	11,600	22,107,838	933,261.00	23.69	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	4,837,143		4,837,143	81,322.00	59.48	
5	SUBTOTAL WAGE-RELATED COSTS	4,673,760		4,673,760		21.14	
6	TOTAL	31,607,141	11,600	31,618,741	1,014,583.00	31.16	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	7,098,835	-144,250	6,954,585	313,364.00	22.19	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0184	I	FROM 5/ 1/2008	I	WORKSHEET	S-7
I		I	TO 4/30/2009	I		

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO RATE	10/1 DAYS	SERVICES ON/AFTER RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

- (1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01):	:	0.0000
Wage Index Factor (after 10/01):	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED	9/29/2009
I 14-0184	I FROM 5/ 1/2008	I WORKSHEET	S-7
I	I TO 4/30/2009	I	

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
	1	2	4.05	4.06	5
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX			35	
12 .02	RML			91	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			5	
16	SE2			26	
17	SE1				
18	SSC				
19	SSB				
20	SSA			6	
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			163	

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01):	:	0.0000
Wage Index Factor (after 10/01):	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0184	FROM 5/ 1/2008	9/29/2009
	TO 4/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

594,352

13,004,959

13,599,311

.158102

73,936,658

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,689,534
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,776,703
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,020,022
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,689,534

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0184
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,436,769	2,436,769	567,238	3,004,007
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,352,436	2,352,436	1,162,919	3,515,355
5	0500 EMPLOYEE BENEFITS	118,141	126,369	244,510	2,959,077	3,203,587
6	0600 ADMINISTRATIVE & GENERAL	2,568,579	24,963,895	27,532,474	-3,160,342	24,372,132
8	0800 OPERATION OF PLANT	327,609	1,445,486	1,773,095	-363	1,772,732
9	0900 LAUNDRY & LINEN SERVICE	36,674	306,138	342,812		342,812
10	1000 HOUSEKEEPING	761,506	212,131	973,637		973,637
11	1100 DIETARY	352	1,786,976	1,787,328		1,787,328
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,538,083	282,637	1,820,720	-825,150	995,570
15	1500 CENTRAL SERVICES & SUPPLY	124,455	5,777,024	5,901,479	-5,437,249	464,230
16	1600 PHARMACY	1,009,472	3,475,664	4,485,136	-3,346,749	1,138,387
17	1700 MEDICAL RECORDS & LIBRARY	613,964	259,326	873,290		873,290
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,497,382	2,252,076	6,749,458	-539,822	6,209,636
26	2600 INTENSIVE CARE UNIT	1,563,877	1,520,217	3,084,094	-28,360	3,055,734
33	3300 NURSERY	304,358	69,459	373,817	219,621	593,438
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,546,324	3,322,151	4,868,475	62,188	4,930,663
38	3800 RECOVERY ROOM	391,229	37,405	428,634	-428,634	
39	3900 DELIVERY ROOM & LABOR ROOM	705,845	299,833	1,005,678	179,764	1,185,442
40	4000 ANESTHESIOLOGY		4,515,729	4,515,729		4,515,729
41	4100 RADIOLOGY-DIAGNOSTIC	1,484,101	2,668,696	4,152,797	-165,992	3,986,805
41.01	4101 ULTRASOUND	137,553	72,126	209,679		209,679
41.02	4102 CT SCAN	169,459	421,744	591,203	-340,247	250,956
41.03	4103 MRI	67,541	112,758	180,299		180,299
43	4300 RADIOISOTOPE	152,732	367,189	519,921		519,921
44	4400 LABORATORY	1,135,025	2,524,558	3,659,583	-727,330	2,932,253
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS				1,040,263	1,040,263
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	452,754	210,559	663,313	-105,375	557,938
49.01	4901 SLEEP LAB		207,121	207,121	-180	206,941
50	5000 PHYSICAL THERAPY	340,013	70,393	410,406	-21,852	388,554
51	5100 OCCUPATIONAL THERAPY	59,286	4,531	63,817		63,817
52	5200 SPEECH PATHOLOGY	58,837	4,394	63,231		63,231
53	5300 ELECTROCARDIOLOGY	714,354	1,623,254	2,337,608	-104,016	2,233,592
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,629,744	5,629,744
56	5600 DRUGS CHARGED TO PATIENTS				3,320,109	3,320,109
57	5700 RENAL DIALYSIS		327,361	327,361	-327,361	
59	3020 OTHER					
59.02	3022 OTHER					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,216,733	1,385,938	2,602,671	184,036	2,786,707
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	45,534	4,864	50,398	-50,398	
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	22,141,772	65,447,207	87,588,979	-284,461	87,304,518
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 NON-REIMBURSABLE - SENIOR CIRCLE	49,609	15,929	65,538	-645	64,893
100.02	7952 NON-REIMBURSABLE - MARKETING				285,106	285,106
101	TOTAL	22,191,381	65,463,136	87,654,517	-0-	87,654,517

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I 14-0184

I

I PERIOD:

I FROM 5/ 1/2008

I TO

4/30/2009

I PREPARED 9/29/2009

I WORKSHEET A

I

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	770,646	3,774,653
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-39,413	3,475,942
5	0500	EMPLOYEE BENEFITS	-3,215	3,200,372
6	0600	ADMINISTRATIVE & GENERAL	-15,692,662	8,679,470
8	0800	OPERATION OF PLANT	-7,061	1,765,671
9	0900	LAUNDRY & LINEN SERVICE		342,812
10	1000	HOUSEKEEPING		973,637
11	1100	DIETARY		1,787,328
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION		995,570
15	1500	CENTRAL SERVICES & SUPPLY		464,230
16	1600	PHARMACY		1,138,387
17	1700	MEDICAL RECORDS & LIBRARY	-2,220	871,070
18	1800	SOCIAL SERVICE		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-270,000	5,939,636
26	2600	INTENSIVE CARE UNIT		3,055,734
33	3300	NURSERY		593,438
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-800,000	4,130,663
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		1,185,442
40	4000	ANESTHESIOLOGY	-4,257,720	258,009
41	4100	RADIOLOGY-DIAGNOSTIC	-1,588,625	2,398,180
41.01	4101	ULTRASOUND		209,679
41.02	4102	CT SCAN		250,956
41.03	4103	MRI		180,299
43	4300	RADIOISOTOPE		519,921
44	4400	LABORATORY		2,932,253
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,040,263
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY		557,938
49.01	4901	SLEEP LAB		206,941
50	5000	PHYSICAL THERAPY		388,554
51	5100	OCCUPATIONAL THERAPY		63,817
52	5200	SPEECH PATHOLOGY		63,231
53	5300	ELECTROCARDIOLOGY		2,233,592
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,629,744
56	5600	DRUGS CHARGED TO PATIENTS		3,320,109
57	5700	RENAL DIALYSIS		
59	3020	OTHER		
59.02	3022	OTHER		
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY	-783,585	2,003,122
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-22,673,855	64,630,663
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		
100	7950	OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951	NON-REIMBURSABLE - SENIOR CIRCLE		64,893
100.02	7952	NON-REIMBURSABLE - MARKETING		285,106
101		TOTAL	-22,673,855	64,980,662

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 4/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	OTHER	3020	ACUPUNCTURE
59.02	OTHER	3022	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	NON-REIMBURSABLE - SENIOR CIRCLE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	NON-REIMBURSABLE - MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140184PERIOD:
FROM 5/ 1/2008
TO 4/30/2009PREPARED 9/29/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	NO	LINE		
	1	2	3	4	5	
1 RECLASS OF EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5			2,959,077
2 RECLASS OF OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			65,565
3 RECLASS OF RENTS AND LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4			1,157,355
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18 RECLASS OF OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3			567,238
19		NEW CAP REL COSTS-MVBLE EQUIP	4			5,564
20 RECLASS OF MARKETING DEPT	E	NON-REIMBURSABLE - MARKETING	100.02		33,934	251,172
21 RECLASS OF MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			5,564,179
22						
23						
24						
25 RECLASS OF DRUGS/IV SOLUTION COSTS	G	DRUGS CHARGED TO PATIENTS	56			3,320,109
26 RECLASS OF LABOR AND DELIVERY COSTS	H	NURSERY	33		96,910	122,711
27		DELIVERY ROOM & LABOR ROOM	39		95,722	84,042
28 RECLASS OF NURSING ADMIN COSTS	I	ADMINISTRATIVE & GENERAL	6		685,879	139,271
29 RECLASS OF MISC. DEPARTMENTS	J	OPERATING ROOM	37		391,229	37,405
30		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		58,227	982,036
31		EMERGENCY	61		45,534	4,864
32 RECLASS OF DIALYSIS	K	LABORATORY	44			327,361
33 RECLASS OF ER CLERK SALARY	L	EMERGENCY	61		110,316	23,322
36 TOTAL RECLASSIFICATIONS					1,517,751	15,611,271

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140184PERIOD:
FROM 5/1/2008
TO 4/30/2009PREPARED 9/29/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO	7			
1 RECLASS OF EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			2,959,077	
2 RECLASS OF OXYGEN COSTS	B	RESPIRATORY THERAPY	49			65,565	
3 RECLASS OF RENTS AND LEASE EXPENSE	C						10
4		ADMINISTRATIVE & GENERAL	6			34,869	
5		OPERATION OF PLANT	8			363	
6		PHARMACY	16			26,640	
7		ADULTS & PEDIATRICS	25			140,437	
8		INTENSIVE CARE UNIT	26			28,360	
9		OPERATING ROOM	37			313,505	
10		RADIOLOGY-DIAGNOSTIC	41			162,555	
11		CT SCAN	41.02			340,247	
12		LABORATORY	44			14,428	
13		RESPIRATORY THERAPY	49			39,810	
14		PHYSICAL THERAPY	50			21,852	
15		ELECTROCARDIOLOGY	53			33,464	
16		NON-REIMBURSABLE - SENIOR CIRCLE	100.01			645	
17		SLEEP LAB	49.01			180	
18 RECLASS OF OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			572,802	12
19							9
20 RECLASS OF MARKETING DEPT	E	ADMINISTRATIVE & GENERAL	6		33,934	251,172	
21 RECLASS OF MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15			5,437,249	
22		OPERATING ROOM	37			52,941	
23		ELECTROCARDIOLOGY	53			70,552	
24		RADIOLOGY-DIAGNOSTIC	41			3,437	
25 RECLASS OF DRUGS/IV SOLUTION COSTS	G	PHARMACY	16			3,320,109	
26 RECLASS OF LABOR AND DELIVERY COSTS	H	ADULTS & PEDIATRICS	25		192,632	206,753	
27							
28 RECLASS OF NURSING ADMIN COSTS	I	NURSING ADMINISTRATION	14		685,879	139,271	
29 RECLASS OF MISC. DEPARTMENTS	J	RECOVERY ROOM	38		391,229	37,405	
30		LABORATORY	44		58,227	982,036	
31		AMBULANCE SERVICES	65		45,534	4,864	
32 RECLASS OF DIALYSIS	K	RENAL DIALYSIS	57			327,361	
33 RECLASS OF ER CLERK SALARY	L	ADMINISTRATIVE & GENERAL	6		110,316	23,322	
36 TOTAL RECLASSIFICATIONS					1,517,751	15,611,271	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

 PROVIDER NO:
140184

 PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

 PREPARED 9/29/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RECLASS OF EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	2,959,077
TOTAL RECLASSIFICATIONS FOR CODE A			2,959,077

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	2,959,077	
			2,959,077

RECLASS CODE: B

EXPLANATION : RECLASS OF OXYGEN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	65,565
TOTAL RECLASSIFICATIONS FOR CODE B			65,565

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	65,565	
			65,565

RECLASS CODE: C

EXPLANATION : RECLASS OF RENTS AND LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,157,355
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			1,157,355

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
ADMINISTRATIVE & GENERAL	6	34,869	
OPERATION OF PLANT	8	363	
PHARMACY	16	26,640	
ADULTS & PEDIATRICS	25	140,437	
INTENSIVE CARE UNIT	26	28,360	
OPERATING ROOM	37	313,505	
RADIOLOGY-DIAGNOSTIC	41	162,555	
CT SCAN	41.02	340,247	
LABORATORY	44	14,428	
RESPIRATORY THERAPY	49	39,810	
PHYSICAL THERAPY	50	21,852	
ELECTROCARDIOLOGY	53	33,464	
NON-REIMBURSABLE - SENIOR CIRC	100.01	645	
SLEEP LAB	49.01	180	
			1,157,355

RECLASS CODE: D

EXPLANATION : RECLASS OF OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	567,238
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,564
TOTAL RECLASSIFICATIONS FOR CODE D			572,802

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	572,802	
			0
			572,802

RECLASS CODE: E

EXPLANATION : RECLASS OF MARKETING DEPT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NON-REIMBURSABLE - MARKETING	100.02	285,106
TOTAL RECLASSIFICATIONS FOR CODE E			285,106

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	285,106	
			285,106

RECLASS CODE: F

EXPLANATION : RECLASS OF MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,564,179
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			5,564,179

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	5,437,249	
OPERATING ROOM	37	52,941	
ELECTROCARDIOLOGY	53	70,552	
RADIOLOGY-DIAGNOSTIC	41	3,437	
			5,564,179

RECLASS CODE: G

EXPLANATION : RECLASS OF DRUGS/IV SOLUTION COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,320,109
TOTAL RECLASSIFICATIONS FOR CODE G			3,320,109

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	3,320,109	
			3,320,109

RECLASS CODE: H

EXPLANATION : RECLASS OF LABOR AND DELIVERY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	219,621

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	399,385	

RECLASSIFICATIONS

PROVIDER NO:

140184

PERIOD:

FROM 5/ 1/2008

TO 4/30/2009

PREPARED 9/29/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: H

EXPLANATION : RECLASS OF LABOR AND DELIVERY COSTS

LINE	COST CENTER	LINE	AMOUNT
2.00	DELIVERY ROOM & LABOR ROOM	39	179,764
TOTAL RECLASSIFICATIONS FOR CODE H			399,385

COST CENTER	LINE	AMOUNT
		0
TOTAL RECLASSIFICATIONS FOR CODE H		399,385

RECLASS CODE: I

EXPLANATION : RECLASS OF NURSING ADMIN COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	825,150
TOTAL RECLASSIFICATIONS FOR CODE I			825,150

COST CENTER	LINE	AMOUNT
NURSING ADMINISTRATION	14	825,150
TOTAL RECLASSIFICATIONS FOR CODE I		825,150

RECLASS CODE: J

EXPLANATION : RECLASS OF MISC. DEPARTMENTS

LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	428,634
2.00	WHOLE BLOOD & PACKED RED BLOOD	46	1,040,263
3.00	EMERGENCY	61	50,398
TOTAL RECLASSIFICATIONS FOR CODE J			1,519,295

COST CENTER	LINE	AMOUNT
RECOVERY ROOM	38	428,634
LABORATORY	44	1,040,263
AMBULANCE SERVICES	65	50,398
TOTAL RECLASSIFICATIONS FOR CODE J		1,519,295

RECLASS CODE: K

EXPLANATION : RECLASS OF DIALYSIS

LINE	COST CENTER	LINE	AMOUNT
1.00	LABORATORY	44	327,361
TOTAL RECLASSIFICATIONS FOR CODE K			327,361

COST CENTER	LINE	AMOUNT
RENAL DIALYSIS	57	327,361
TOTAL RECLASSIFICATIONS FOR CODE K		327,361

RECLASS CODE: L

EXPLANATION : RECLASS OF ER CLERK SALARY

LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	133,638
TOTAL RECLASSIFICATIONS FOR CODE L			133,638

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	133,638
TOTAL RECLASSIFICATIONS FOR CODE L		133,638

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,426,860					1,426,860	
2	LAND IMPROVEMENTS	516,261					516,261	
3	BUILDINGS & FIXTURE	42,209,827	74,681		74,681		42,284,508	
4	BUILDING IMPROVEMEN	1,984,651	64,477		64,477		2,049,128	
5	FIXED EQUIPMENT	2,004,580	394,381		394,381	455,586	1,943,375	
6	MOVABLE EQUIPMENT	20,593,973	1,931,873		1,931,873	2,098,536	20,427,310	
7	SUBTOTAL	68,736,152	2,465,412		2,465,412	2,554,122	68,647,442	
8	RECONCILING ITEMS							
9	TOTAL	68,736,152	2,465,412		2,465,412	2,554,122	68,647,442	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED GROSS ASSETS		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	46,276,758		46,276,758	.674122			
4	NEW CAP REL COSTS-MV	22,370,685		22,370,685	.325878			
5	TOTAL	68,647,443		68,647,443	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,792,371	-29,522	444,566	567,238			3,774,653
4	NEW CAP REL COSTS-MV	2,184,954	1,157,355	133,633				3,475,942
5	TOTAL	4,977,325	1,127,833	578,199	567,238			7,250,595

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,436,769						2,436,769
4	NEW CAP REL COSTS-MV	2,352,436						2,352,436
5	TOTAL	4,789,205						4,789,205

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

I PROVIDER NO:

I PERIOD:

I PREPARED 9/29/2009

ADJUSTMENTS TO EXPENSES

I 14-0184

I FROM 5/ 1/2008

I WORKSHEET A-8

I

I TO 4/30/2009

I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		LINE NO 4	WKST. A-7 REF. 5
			3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-29,522	NEW CAP REL COSTS-BLDG &		3	10
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE	B	-390	ADMINISTRATIVE & GENERAL		6	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,611,291				
13 SALE OF SCRAP, WASTE, ETC.	B	-119	RADIOLOGY-DIAGNOSTIC		41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-496,565				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,220	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	-1,175	ADMINISTRATIVE & GENERAL		6	
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	355,602	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-146,296	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 CABLE TV EXPENSE	A	-7,061	OPERATION OF PLANT		8	
38 MISC REVENUE	B	-24,626	ADMINISTRATIVE & GENERAL		6	
39 BAD DEBT EXPENSE	A	-11,608,269	ADMINISTRATIVE & GENERAL		6	
40 OTHER MARKETING COSTS	A	-287,669	ADMINISTRATIVE & GENERAL		6	
41 CRNA	A	-122,120	ANESTHESIOLOGY		40	
42 PHYSICIAN RECRUITING	A	-80,430	ADMINISTRATIVE & GENERAL		6	
43 LOBBYING	A	-26,654	ADMINISTRATIVE & GENERAL		6	
44 CHARITABLE CONTRIBUTIONS	A	-54,252	ADMINISTRATIVE & GENERAL		6	
45 PHYSICIAN GUARANTEES	A	-166,736	ADMINISTRATIVE & GENERAL		6	
46 COUNTRY CLUB/SOCIAL DUES	A	-1,850	ADMINISTRATIVE & GENERAL		6	
47 GIFTS TO NONPATIENTS	A	-29,839	ADMINISTRATIVE & GENERAL		6	
48 GIFT SHOP	A	-36,507	ADMINISTRATIVE & GENERAL		6	
49 PATIENT PHONE WAGE COST	A	-15,208	ADMINISTRATIVE & GENERAL		6	
49.01 PATIENT PHONE BENEFIT COST	A	-3,215	EMPLOYEE BENEFITS		5	
49.02 PATIENT PHONE EXPENSE	A	-20,183	ADMINISTRATIVE & GENERAL		6	
49.03 PATIENT PHONE DEPRECIATION	A	-9,751	NEW CAP REL COSTS-MVBLE E		4	9
49.04 PATIENT TV DEPRECIATIONS	A	-16,999	NEW CAP REL COSTS-MVBLE E		4	9
49.05 ILLINOIS PROVIDER TAX	A	-2,230,510	ADMINISTRATIVE & GENERAL		6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-22,673,855				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

Health Financial Systems MCRIF32
STATEMENT OF COSTS OF SERVICES
FROM RELATED ORGANIZATIONS AND
HOME OFFICE COSTS

FOR MARION MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/2000)
I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
I 14-0184 I FROM 5/ 1/2008 I
I TO 4/30/2009 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG &	OLD CAPITAL - BUILDING &			11
2	2	OLD CAP REL COSTS-MVBLE E	OLD CAPITAL - MOVEABLE EQ			11
3	3	NEW CAP REL COSTS-BLDG &	NEW CAPITAL - BUILDING &	24,911	24,911	11
4	4	NEW CAP REL COSTS-MVBLE E	NEW CAPITAL - MOVEABLE EQ	133,633	133,633	11
4.03	6	ADMINISTRATIVE & GENERAL	A & G - NON-CAPITAL A&G	1,352,493	1,739,357	-386,864
4.04	6	ADMINISTRATIVE & GENERAL	A & G - PASI OPERATING	755,227	837,516	-82,289
4.05	6	ADMINISTRATIVE & GENERAL	A & G - MALPRACTICE	1,047,428	1,653,039	-605,611
4.06	3	NEW CAP REL COSTS-BLDG &	PASI CAPITAL COSTS	73,296	73,296	11
4.07	3	NEW CAP REL COSTS-BLDG &	CAPITAL RELATED INTEREST	346,359	346,359	11
5		TOTALS		3,733,347	4,229,912	-496,565

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	B	COMMUNITY HEALTH SYSTEMS	100.00		0.00	HOSPITAL CORPORATION
2	B	PASI	0.00		0.00	COLLECTION AGENCY
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET A-8-2
 I I TO 4/30/2009 I GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	6	GENERAL AND ADMINISTRATIV	33,600	33,600		159,800			
2									
3	25	ADULTS & PEDS	270,000	270,000		159,800			
4	37	OPERATING ROOM	800,000	800,000		182,900			
5	40	ANESTHESIA	4,135,600	4,135,600		167,500			
6	41	RADIOLOGY	1,588,506	1,588,506		217,600			
7	61	ER	783,585	783,585		159,800			
8									
9									
10									
11									
12									
13									
14									
15									
16									
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19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	7,611,291	7,611,291					

I PERIOD:

I FROM 5

I WORKSHEET A-8-2

I TO

I WORKSHEET A-8-2

4/30/2009

I GROUP 1

1	6	GENERAL AND ADMINISTRATIV	33,600
2			
3	25	ADULTS & PEDS	270,000
4	37	OPERATING ROOM	800,000
5	40	ANESTHESIA	4,135,600
6	41	RADIOLOGY	1,588,506
7	61	ER	783,585
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
101		TOTAL	7,611,291

COST ALLOCATION STATISTICS

I PROVIDER NO:
I 14-0184
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009 II PREPARED 9/29/2009
I NOT A CMS WORKSHEET
I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED 1	ENTERED
12	CAFETERIA	8	FTE'S		ENTERED
14	NURSING ADMINISTRATION	9	NURSING	WAGES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS 1	ENTERED
16	PHARMACY	11	COSTED	REQUIS 2	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	13	PATIENT	DAYS	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-0184I PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	3,774,653			3,774,653			
005 NEW CAP REL COSTS-MVBLE E	3,475,942				3,475,942		
006 EMPLOYEE BENEFITS	3,200,372			21,497	19,796	3,241,665	
008 ADMINISTRATIVE & GENERAL	8,679,470			421,496	388,140	456,765	9,945,871
009 OPERATION OF PLANT	1,765,671			910,741	838,668	48,113	3,563,193
010 LAUNDRY & LINEN SERVICE	342,812			8,827	8,128	5,386	365,153
011 HOUSEKEEPING	973,637			23,989	22,090	111,835	1,131,551
012 DIETARY	1,787,328			65,222	60,061	52	1,912,663
014 CAFETERIA				73,711	67,877		141,588
015 NURSING ADMINISTRATION	995,570			67,126	61,814	125,155	1,249,665
016 CENTRAL SERVICES & SUPPLY	464,230			41,482	38,200	18,277	562,189
017 PHARMACY	1,138,387			37,354	34,398	148,251	1,358,390
018 MEDICAL RECORDS & LIBRARY	871,070			54,740	50,408	90,167	1,066,385
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	5,939,636			658,306	606,210	632,183	7,836,335
037 INTENSIVE CARE UNIT	3,055,734			140,926	129,773	229,671	3,556,104
039 NURSERY	593,438			35,343	32,546	58,930	720,257
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	4,130,663			365,332	336,421	284,549	5,116,965
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR ROO	1,185,442			85,242	78,497	117,718	1,466,899
046 ANESTHESIOLOGY	258,009			10,589	9,751		278,349
048 RADIOLOGY-DIAGNOSTIC	2,398,180			129,732	119,466	217,955	2,865,333
049 01 ULTRASOUND	209,679			37,122	34,185	20,201	301,187
050 02 CT SCAN	250,956			9,218	8,489	24,887	293,550
051 03 MRI	180,299			22,725	20,927	9,919	233,870
052 RADIOISOTOPE	519,921			12,297	11,324	22,430	565,972
053 LABORATORY	2,932,253			81,487	75,039	158,139	3,246,918
055 WHOLE BLOOD & PACKED RED	1,040,263			4,485	4,130	8,551	1,057,429
056 INTRAVENOUS THERAPY							
057 RESPIRATORY THERAPY	557,938			24,861	22,893	66,491	672,183
059 01 SLEEP LAB	206,941			13,098	12,061		232,100
061 PHYSICAL THERAPY	388,554			79,886	73,564	49,934	591,938
062 OCCUPATIONAL THERAPY	63,817			3,061	2,819	8,707	78,404
065 SPEECH PATHOLOGY	63,231			1,352	1,245	8,641	74,469
095 ELECTROCARDIOLOGY	2,233,592			120,799	111,239	104,910	2,570,540
096 MEDICAL SUPPLIES CHARGED	5,629,744						5,629,744
098 DRUGS CHARGED TO PATIENTS	3,320,109						3,320,109
100 RENAL DIALYSIS							
101 OTHER							
102 02 OTHER							
103 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,003,122			169,737	156,305	201,578	2,530,742
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	64,630,663			3,731,783	3,436,464	3,229,395	64,536,045
100 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				12,030	11,078		23,108
098 PHYSICIANS' PRIVATE OFFIC				26,409	24,319		50,728
100 OTHER NONREIMBURSABLE COS							
100 01 NON-REIMBURSABLE - SENIOR	64,893			4,431	4,081	7,286	80,691
100 02 NON-REIMBURSABLE - MARKET	285,106					4,984	290,090
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	64,980,662			3,774,653	3,475,942	3,241,665	64,980,662

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	9,945,871						
009 OPERATION OF PLANT	643,940	4,207,133					
010 LAUNDRY & LINEN SERVICE	65,990	15,587	446,730				
011 HOUSEKEEPING	204,494	42,361		1,378,406			
012 DIETARY	345,656	115,173		37,646	2,411,138		
014 CAFETERIA	25,588	130,163		42,546	1,037,215	1,377,100	
015 NURSING ADMINISTRATION	225,839	118,536		38,745		34,098	1,666,883
016 CENTRAL SERVICES & SUPPLY	101,599	73,252	16,712	23,943		22,005	
017 PHARMACY	245,488	65,961		21,560		50,593	
018 MEDICAL RECORDS & LIBRARY	192,717	96,664		31,596		81,638	
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,416,168	1,162,478	184,726	379,969	788,150	357,559	691,178
033 INTENSIVE CARE UNIT	642,659	248,856	34,557	81,342	134,738	96,189	251,098
037 NURSERY	130,165	62,410	48,380	20,400		29,182	64,428
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	924,738	645,126	69,271	210,869		143,094	311,095
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	265,098	150,526		49,202		58,324	128,701
041 ANESTHESIOLOGY	50,303	18,698		6,112			
041 RADIOLOGY-DIAGNOSTIC	517,823	229,089	16,981	74,881		113,714	
041 01 ULTRASOUND	54,431	65,553		21,427		10,031	
041 02 CT SCAN	53,050	16,278		5,321		13,441	
041 03 MRI	42,265	40,130		13,117		5,353	
043 RADIOISOTOPE	102,282	21,715		7,098		8,168	
044 LABORATORY	586,783	143,896		47,034		116,965	
046 WHOLE BLOOD & PACKED RED	191,099	7,919		2,588		4,005	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	121,477	43,901		14,350		37,825	
049 01 SLEEP LAB	41,945	23,129		7,560			
050 PHYSICAL THERAPY	106,975	141,067	7,225	46,110		28,429	
051 OCCUPATIONAL THERAPY	14,169	5,405		1,767		3,172	
052 SPEECH PATHOLOGY	13,458	2,388		781		3,172	
053 ELECTROCARDIOLOGY	464,548	213,314	18,079	69,725		56,817	
055 MEDICAL SUPPLIES CHARGED	1,017,407						
056 DRUGS CHARGED TO PATIENTS	600,010						
057 RENAL DIALYSIS							
059 OTHER							
059 02 OTHER							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	457,356	299,733	50,799	97,972		96,229	220,383
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,865,520	4,199,308	446,730	1,353,661	1,960,103	1,370,003	1,666,883
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4,176			6,944			
098 PHYSICIANS' PRIVATE OFFIC	9,168			15,243	404,176		
100 OTHER NONREIMBURSABLE COS							
100 01 NON-REIMBURSABLE - SENIOR	14,582	7,825		2,558	46,859	3,965	
100 02 NON-REIMBURSABLE - MARKET	52,425					3,132	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	9,945,871	4,207,133	446,730	1,378,406	2,411,138	1,377,100	1,666,883

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E		SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
	15	16	17	18			
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	799,700						
017 PHARMACY	2,723	1,744,715					
018 MEDICAL RECORDS & LIBRARY	1,867		1,470,867				
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	23,437		127,044		12,967,044		12,967,044
037 INTENSIVE CARE UNIT	10,373		35,754		5,091,670		5,091,670
038 NURSERY	2,979		5,854		1,084,055		1,084,055
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	123,818		195,609		7,740,585		7,740,585
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO	1,798		11,693		2,132,241		2,132,241
043 ANESTHESIOLOGY	16,770		45,429		415,661		415,661
044 RADIOLOGY-DIAGNOSTIC	2,974		49,991		3,870,786		3,870,786
045 01 ULTRASOUND	229		27,291		480,149		480,149
046 02 CT SCAN	3,671		88,938		474,249		474,249
047 03 MRI	59		17,004		351,798		351,798
048 RADIOISOTOPE	249		24,159		729,643		729,643
049 LABORATORY	68,422		241,398		4,451,416		4,451,416
050 WHOLE BLOOD & PACKED RED	4,777		14,062		1,281,879		1,281,879
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY	4,930		30,550		925,216		925,216
053 01 SLEEP LAB	92		11,642		316,468		316,468
054 PHYSICAL THERAPY	1,399		16,226		939,369		939,369
055 OCCUPATIONAL THERAPY			1,634		104,551		104,551
056 SPEECH PATHOLOGY			429		94,697		94,697
057 ELECTROCARDIOLOGY	73,496		127,506		3,594,025		3,594,025
058 MEDICAL SUPPLIES CHARGED	448,846		163,880		7,259,877		7,259,877
059 DRUGS CHARGED TO PATIENTS		1,744,715	154,038		5,818,872		5,818,872
060 RENAL DIALYSIS							
061 OTHER							
062 02 OTHER							
065 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY	6,470		80,736		3,840,420		3,840,420
096 OBSERVATION BEDS (NON-DIS							
098 OTHER REIMBURS COST CNTRS							
100 AMBULANCE SERVICES							
101 SPEC PURPOSE COST CENTERS							
102 SUBTOTALS	799,379	1,744,715	1,470,867		63,964,671		63,964,671
103 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					34,228		34,228
098 PHYSICIANS' PRIVATE OFFIC					479,315		479,315
100 OTHER NONREIMBURSABLE COS							
101 01 NON-REIMBURSABLE - SENIOR	220				156,700		156,700
102 02 NON-REIMBURSABLE - MARKET	101				345,748		345,748
103 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	799,700	1,744,715	1,470,867		64,980,662		64,980,662

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				21,497	19,796	41,293	41,293
006 ADMINISTRATIVE & GENERAL				421,496	388,140	809,636	5,819
008 OPERATION OF PLANT				910,741	838,668	1,749,409	613
009 LAUNDRY & LINEN SERVICE				8,827	8,128	16,955	69
010 HOUSEKEEPING				23,989	22,090	46,079	1,425
011 DIETARY				65,222	60,061	125,283	1
012 CAFETERIA				73,711	67,877	141,588	
014 NURSING ADMINISTRATION				67,126	61,814	128,940	1,594
015 CENTRAL SERVICES & SUPPLY				41,482	38,200	79,682	233
016 PHARMACY				37,354	34,398	71,752	1,889
017 MEDICAL RECORDS & LIBRARY				54,740	50,408	105,148	1,149
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				658,306	606,210	1,264,516	8,047
026 INTENSIVE CARE UNIT				140,926	129,773	270,699	2,926
033 NURSERY				35,343	32,546	67,889	751
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				365,332	336,421	701,753	3,625
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO				85,242	78,497	163,739	1,500
040 ANESTHESIOLOGY				10,589	9,751	20,340	
041 RADIOLOGY-DIAGNOSTIC				129,732	119,466	249,198	2,777
041 01 ULTRASOUND				37,122	34,185	71,307	257
041 02 CT SCAN				9,218	8,489	17,707	317
041 03 MRI				22,725	20,927	43,652	126
043 RADIOISOTOPE				12,297	11,324	23,621	286
044 LABORATORY				81,487	75,039	156,526	2,015
046 WHOLE BLOOD & PACKED RED				4,485	4,130	8,615	109
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				24,861	22,893	47,754	847
049 01 SLEEP LAB				13,098	12,061	25,159	
050 PHYSICAL THERAPY				79,886	73,564	153,450	636
051 OCCUPATIONAL THERAPY				3,061	2,819	5,880	111
052 SPEECH PATHOLOGY				1,352	1,245	2,597	110
053 ELECTROCARDIOLOGY				120,799	111,239	232,038	1,337
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER							
059 02 OTHER							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				169,737	156,305	326,042	2,568
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				3,731,783	3,436,464	7,168,247	41,137
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				12,030	11,078	23,108	
098 PHYSICIANS' PRIVATE OFFIC				26,409	24,319	50,728	
100 OTHER NONREIMBURSABLE COS							
100 01 NON-REIMBURSABLE - SENIOR				4,431	4,081	8,512	93
100 02 NON-REIMBURSABLE - MARKET							63
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				3,774,653	3,475,942	7,250,595	41,293

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-0184I PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET B
I PART III

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL	815,455						
009	OPERATION OF PLANT	52,796	1,802,818					
010	LAUNDRY & LINEN SERVICE	5,410	6,679	29,113				
011	HOUSEKEEPING	16,766	18,152		82,422			
012	DIETARY	28,340	49,353		2,251	205,228		
014	CAFETERIA	2,098	55,777		2,544	88,284	290,291	
015	NURSING ADMINISTRATION	18,516	50,794		2,317		7,188	209,349
016	CENTRAL SERVICES & SUPPLY	8,330	31,390	1,089	1,432		4,639	
017	PHARMACY	20,127	28,265		1,289		10,665	
018	MEDICAL RECORDS & LIBRARY	15,801	41,422		1,889		17,209	
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	116,114	498,143	12,038	22,722	67,085	75,370	86,808
033	INTENSIVE CARE UNIT	52,691	106,638	2,252	4,864	11,468	20,277	31,536
037	NURSERY	10,672	26,744	3,153	1,220		6,152	8,092
038	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	75,818	276,446	4,514	12,609		30,164	39,071
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO	21,735	64,503		2,942		12,295	16,164
041	ANESTHESIOLOGY	4,124	8,012		365			
041	RADIOLOGY-DIAGNOSTIC	42,456	98,168	1,107	4,478		23,971	
041 01	ULTRASOUND	4,463	28,090		1,281		2,115	
041 02	CT SCAN	4,350	6,975		318		2,833	
041 03	MRI	3,465	17,196		784		1,128	
043	RADIOISOTOPE	8,386	9,305		424		1,722	
044	LABORATORY	48,110	61,661		2,812		24,656	
046	WHOLE BLOOD & PACKED RED	15,668	3,393		155		844	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	9,960	18,812		858		7,974	
049 01	SLEEP LAB	3,439	9,911		452			
050	PHYSICAL THERAPY	8,771	60,449	471	2,757		5,993	
051	OCCUPATIONAL THERAPY	1,162	2,316		106		669	
052	SPEECH PATHOLOGY	1,103	1,023		47		669	
053	ELECTROCARDIOLOGY	38,088	91,408	1,178	4,169		11,977	
055	MEDICAL SUPPLIES CHARGED	83,416						
056	DRUGS CHARGED TO PATIENTS	49,194						
057	RENAL DIALYSIS							
059	OTHER							
059 02	OTHER							
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY	37,498	128,440	3,311	5,858		20,285	27,678
065	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
095	AMBULANCE SERVICES							
096	SPEC PURPOSE COST CENTERS							
098	SUBTOTALS	808,867	1,799,465	29,113	80,943	166,837	288,795	209,349
100	NONREIMBURS COST CENTERS							
100 01	GIFT, FLOWER, COFFEE SHOP	342			415			
100 02	PHYSICIANS' PRIVATE OFFIC	752			911	34,402		
101	OTHER NONREIMBURSABLE COS							
102	NON-REIMBURSABLE - SENIOR	1,196	3,353		153	3,989	836	
103	NON-REIMBURSABLE - MARKET	4,298					660	
103	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
103	TOTAL	815,455	1,802,818	29,113	82,422	205,228	290,291	209,349

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-0184I PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET B
I PART III

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	126,795						
017	PHARMACY	432	134,419					
018	MEDICAL RECORDS & LIBRARY	296		182,914				
018	SOCIAL SERVICE							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	3,716		15,784		2,170,343		2,170,343
033	INTENSIVE CARE UNIT	1,645		4,442		509,438		509,438
037	NURSERY	472		727		125,872		125,872
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	19,631		24,303		1,187,934		1,187,934
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO	285		1,453		284,616		284,616
041	ANESTHESIOLOGY	2,659		5,644		41,144		41,144
041	RADIOLOGY-DIAGNOSTIC	471		6,211		428,837		428,837
041	01 ULTRASOUND	36		3,391		110,940		110,940
041	02 CT SCAN	582		11,050		44,132		44,132
041	03 MRI	9		2,113		68,473		68,473
043	RADIOISOTOPE	39		3,002		46,785		46,785
044	LABORATORY	10,848		30,161		336,789		336,789
046	WHOLE BLOOD & PACKED RED	757		1,747		31,288		31,288
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	782		3,796		90,783		90,783
049	01 SLEEP LAB	15		1,446		40,422		40,422
050	PHYSICAL THERAPY	222		2,016		234,765		234,765
051	OCCUPATIONAL THERAPY			203		10,447		10,447
052	SPEECH PATHOLOGY			53		5,602		5,602
053	ELECTROCARDIOLOGY	11,653		15,842		407,690		407,690
055	MEDICAL SUPPLIES CHARGED	71,168		20,361		174,945		174,945
056	DRUGS CHARGED TO PATIENTS		134,419	19,138		202,751		202,751
057	RENAL DIALYSIS							
059	OTHER							
059	02 OTHER							
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY	1,026		10,031		562,737		562,737
065	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
095	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CENTERS							
096	SUBTOTALS	126,744	134,419	182,914		7,116,733		7,116,733
096	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP					23,865		23,865
100	PHYSICIANS' PRIVATE OFFIC					86,793		86,793
100	OTHER NONREIMBURSABLE COS							
100	01 NON-REIMBURSABLE - SENIOR	35				18,167		18,167
100	02 NON-REIMBURSABLE - MARKET	16				5,037		5,037
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	126,795	134,419	182,914		7,250,595		7,250,595

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET B-1
 I TO 4/30/2009 I

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS)SALARIES	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	212,108					
003 OLD CAP REL COSTS-MVB		212,108				
004 NEW CAP REL COSTS-BLD			212,108			
005 NEW CAP REL COSTS-MVB				212,108		
006 EMPLOYEE BENEFITS	1,208	1,208	1,208	1,208	22,073,240	
008 ADMINISTRATIVE & GENE	23,685	23,685	23,685	23,685	3,110,208	-9,945,871
009 OPERATION OF PLANT	51,177	51,177	51,177	51,177	327,609	
010 LAUNDRY & LINEN SERVI	496	496	496	496	36,674	
011 HOUSEKEEPING	1,348	1,348	1,348	1,348	761,506	
012 DIETARY	3,665	3,665	3,665	3,665	352	
014 CAFETERIA	4,142	4,142	4,142	4,142		
015 NURSING ADMINISTRATIO	3,772	3,772	3,772	3,772	852,204	
016 CENTRAL SERVICES & SU	2,331	2,331	2,331	2,331	124,455	
017 PHARMACY	2,099	2,099	2,099	2,099	1,009,472	
018 MEDICAL RECORDS & LIB	3,076	3,076	3,076	3,076	613,964	
025 SOCIAL SERVICE						
026 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	36,992	36,992	36,992	36,992	4,304,750	
033 INTENSIVE CARE UNIT	7,919	7,919	7,919	7,919	1,563,877	
033 NURSERY	1,986	1,986	1,986	1,986	401,268	
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	20,529	20,529	20,529	20,529	1,937,553	
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR	4,790	4,790	4,790	4,790	801,567	
041 ANESTHESIOLOGY	595	595	595	595		
041 RADIOLOGY-DIAGNOSTIC	7,290	7,290	7,290	7,290	1,484,101	
041 01 ULTRASOUND	2,086	2,086	2,086	2,086	137,553	
041 02 CT SCAN	518	518	518	518	169,459	
041 03 MRI	1,277	1,277	1,277	1,277	67,541	
043 RADIOISOTOPE	691	691	691	691	152,732	
044 LABORATORY	4,579	4,579	4,579	4,579	1,076,798	
046 WHOLE BLOOD & PACKED	252	252	252	252	58,227	
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,397	1,397	1,397	1,397	452,754	
049 01 SLEEP LAB	736	736	736	736		
050 PHYSICAL THERAPY	4,489	4,489	4,489	4,489	340,013	
051 OCCUPATIONAL THERAPY	172	172	172	172	59,286	
052 SPEECH PATHOLOGY	76	76	76	76	58,837	
053 ELECTROCARDIOLOGY	6,788	6,788	6,788	6,788	714,354	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
059 OTHER						
059 02 OTHER						
061 OUTPAT SERVICE COST C						
062 EMERGENCY	9,538	9,538	9,538	9,538	1,372,583	
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	209,699	209,699	209,699	209,699	21,989,697	-9,945,871
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	676	676	676	676		
100 PHYSICIANS' PRIVATE O	1,484	1,484	1,484	1,484		
100 OTHER NONREIMBURSABLE						
100 01 NON-REIMBURSABLE - SE	249	249	249	249	49,609	
100 02 NON-REIMBURSABLE - MA					33,934	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,774,653	3,475,942	3,241,665	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			17.795901		.146860	
105 (WRKSHT B, PT I)				16.387604		
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					41,293	
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001871	
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET B-1
 I TO 4/30/2009 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED 1)	(FTE'S)	(NURSING WAGES)
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE	55,034,791						
009	OPERATION OF PLANT	3,563,193	133,878					
010	LAUNDRY & LINEN SERVI	365,153	496	544,952				
011	HOUSEKEEPING	1,131,551	1,348		134,194			
012	DIETARY	1,912,663	3,665		3,665	195,271		
014	CAFETERIA	141,588	4,142		4,142	84,001	34,732	
015	NURSING ADMINISTRATIO	1,249,665	3,772		3,772		860	10,381,599
016	CENTRAL SERVICES & SU	562,189	2,331	20,387	2,331		555	
017	PHARMACY	1,358,390	2,099		2,099		1,276	
018	MEDICAL RECORDS & LIB	1,066,385	3,076		3,076		2,059	
018	SOCIAL SERVICE							
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	7,836,335	36,992	225,341	36,992	63,830	9,018	4,304,749
026	INTENSIVE CARE UNIT	3,556,104	7,919	42,155	7,919	10,912	2,426	1,563,877
033	NURSERY	720,257	1,986	59,017	1,986		736	401,269
037	ANCILLARY SRVC COST C							
038	OPERATING ROOM	5,116,965	20,529	84,501	20,529		3,609	1,937,552
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR	1,466,899	4,790		4,790		1,471	801,568
041	ANESTHESIOLOGY	278,349	595		595			
041	RADIOLOGY-DIAGNOSTIC	2,865,333	7,290	20,715	7,290		2,868	
041 01	ULTRASOUND	301,187	2,086		2,086		253	
041 02	CT SCAN	293,550	518		518		339	
041 03	MRI	233,870	1,277		1,277		135	
043	RADIOISOTOPE	565,972	691		691		206	
044	LABORATORY	3,246,918	4,579		4,579		2,950	
046	WHOLE BLOOD & PACKED	1,057,429	252		252		101	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	672,183	1,397		1,397		954	
049 01	SLEEP LAB	232,100	736		736			
050	PHYSICAL THERAPY	591,938	4,489	8,814	4,489		717	
051	OCCUPATIONAL THERAPY	78,404	172		172		80	
052	SPEECH PATHOLOGY	74,469	76		76		80	
053	ELECTROCARDIOLOGY	2,570,540	6,788	22,054	6,788		1,433	
055	MEDICAL SUPPLIES CHAR	5,629,744						
056	DRUGS CHARGED TO PATI	3,320,109						
057	RENAL DIALYSIS							
059	OTHER							
059 02	OTHER							
061	OUTPAT SERVICE COST C							
062	EMERGENCY	2,530,742	9,538	61,968	9,538		2,427	1,372,584
065	OBSERVATION BEDS (NON OTHER REIMBURS COST C							
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CEN							
095	SUBTOTALS	54,590,174	133,629	544,952	131,785	158,743	34,553	10,381,599
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE	23,108			676			
100	PHYSICIANS' PRIVATE O	50,728			1,484	32,733		
100	OTHER NONREIMBURSABLE							
100 01	NON-REIMBURSABLE - SE	80,691	249		249	3,795	100	
100 02	NON-REIMBURSABLE - MA	290,090					79	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	9,945,871	4,207,133	446,730	1,378,406	2,411,138	1,377,100	1,666,883
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		31.425126		10.271741		39.649315	
105	(WRKSHT B, PT I)	.180720		.819760		12.347650		.160561
106	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	815,455	1,802,818	29,113	82,422	205,228	290,291	209,349
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		13.466126		.614200		8.358027	
	(WRKSHT B, PT III)	.014817		.053423		1.050991		.020165

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED REQUIS 1)	(COSTED REQUIS 2)	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E (PATIENT DAYS)
	15	16	17	18	
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENE					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVI					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATIO					
016 CENTRAL SERVICES & SU	9,924,235				
017 PHARMACY	33,789	3,320,109			
018 MEDICAL RECORDS & LIB	23,165		404,273,454		
025 SOCIAL SERVICE					
026 INPAT ROUTINE SRVC CN					
033 ADULTS & PEDIATRICS	290,855		34,921,345		
037 INTENSIVE CARE UNIT	128,727		9,827,817		
038 NURSERY	36,964		1,609,019		
039 ANCILLARY SRVC COST C					
040 OPERATING ROOM	1,536,567		53,768,262		
041 RECOVERY ROOM					
041 DELIVERY ROOM & LABOR	22,309		3,214,151		
041 ANESTHESIOLOGY	208,119		12,487,314		
041 RADIOLOGY-DIAGNOSTIC	36,905		13,741,390		
041 01 ULTRASOUND	2,839		7,501,557		
041 02 CT SCAN	45,561		24,446,954		
041 03 MRI	733		4,674,090		
043 RADIOISOTOPE	3,084		6,640,745		
044 LABORATORY	849,107		66,321,774		
046 WHOLE BLOOD & PACKED	59,278		3,865,373		
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY	61,175		8,397,591		
049 01 SLEEP LAB	1,140		3,200,154		
050 PHYSICAL THERAPY	17,364		4,460,042		
051 OCCUPATIONAL THERAPY			449,201		
052 SPEECH PATHOLOGY			117,787		
053 ELECTROCARDIOLOGY	912,072		35,048,489		
055 MEDICAL SUPPLIES CHAR	5,570,211		45,046,595		
056 DRUGS CHARGED TO PATI		3,320,109	42,341,334		
057 RENAL DIALYSIS					
059 OTHER					
059 02 OTHER					
061 OUTPAT SERVICE COST C					
062 EMERGENCY	80,289		22,192,470		
065 OBSERVATION BEDS (NON					
065 OTHER REIMBURS COST C					
095 AMBULANCE SERVICES					
095 SPEC PURPOSE COST CEN					
096 SUBTOTALS	9,920,253	3,320,109	404,273,454		
098 NONREIMBURS COST CENT					
098 GIFT, FLOWER, COFFEE					
100 PHYSICIANS' PRIVATE O					
100 OTHER NONREIMBURSABLE					
100 01 NON-REIMBURSABLE - SE	2,729				
100 02 NON-REIMBURSABLE - MA	1,253				
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	799,700	1,744,715	1,470,867		
104 (PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		.525499			
105 (WRKSHT B, PT I)	.080581		.003638		
106 COST TO BE ALLOCATED					
106 (PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
106 (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	126,795	134,419	182,914		
107 (PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.040486			
108 (WRKSHT B, PT III)	.012776		.000452		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET C
 I I TO 4/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,967,044		12,967,044		12,967,044
26	INTENSIVE CARE UNIT	5,091,670		5,091,670		5,091,670
33	NURSERY	1,084,055		1,084,055		1,084,055
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,740,585		7,740,585		7,740,585
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	2,132,241		2,132,241		2,132,241
40	ANESTHESIOLOGY	415,661		415,661		415,661
41	RADIOLOGY-DIAGNOSTIC	3,870,786		3,870,786		3,870,786
41 01	ULTRASOUND	480,149		480,149		480,149
41 02	CT SCAN	474,249		474,249		474,249
41 03	MRI	351,798		351,798		351,798
43	RADIOISOTOPE	729,643		729,643		729,643
44	LABORATORY	4,451,416		4,451,416		4,451,416
46	WHOLE BLOOD & PACKED RED	1,281,879		1,281,879		1,281,879
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	925,216		925,216		925,216
49 01	SLEEP LAB	316,468		316,468		316,468
50	PHYSICAL THERAPY	939,369		939,369		939,369
51	OCCUPATIONAL THERAPY	104,551		104,551		104,551
52	SPEECH PATHOLOGY	94,697		94,697		94,697
53	ELECTROCARDIOLOGY	3,594,025		3,594,025		3,594,025
55	MEDICAL SUPPLIES CHARGED	7,259,877		7,259,877		7,259,877
56	DRUGS CHARGED TO PATIENTS	5,818,872		5,818,872		5,818,872
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,840,420		3,840,420		3,840,420
62	OBSERVATION BEDS (NON-DIS	300,055		300,055		300,055
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	64,264,726		64,264,726		64,264,726
102	LESS OBSERVATION BEDS	300,055		300,055		300,055
103	TOTAL	63,964,671		63,964,671		63,964,671

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET C
 I I TO 4/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	33,817,172		33,817,172			
26	INTENSIVE CARE UNIT	9,827,817		9,827,817			
33	NURSERY	1,609,019		1,609,019			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	33,753,529	20,014,733	53,768,262	.143962	.143962	.143962
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,910,820	303,331	3,214,151	.663392	.663392	.663392
40	ANESTHESIOLOGY	9,393,439	3,093,875	12,487,314	.033287	.033287	.033287
41	RADIOLOGY-DIAGNOSTIC	4,921,544	9,124,849	14,046,393	.275572	.275572	.275572
41 01	ULTRASOUND	3,358,782	4,142,775	7,501,557	.064007	.064007	.064007
41 02	CT SCAN	9,943,925	14,503,029	24,446,954	.019399	.019399	.019399
41 03	MRI	561,792	4,112,298	4,674,090	.075266	.075266	.075266
43	RADIOISOTOPE	3,464,613	3,176,132	6,640,745	.109874	.109874	.109874
44	LABORATORY	37,472,313	28,849,461	66,321,774	.067118	.067118	.067118
46	WHOLE BLOOD & PACKED RED	2,687,090	1,178,283	3,865,373	.331631	.331631	.331631
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,718,292	679,299	8,397,591	.110176	.110176	.110176
49 01	SLEEP LAB	191,899	3,008,255	3,200,154	.098891	.098891	.098891
50	PHYSICAL THERAPY	2,442,585	2,017,457	4,460,042	.210619	.210619	.210619
51	OCCUPATIONAL THERAPY	287,576	161,625	449,201	.232749	.232749	.232749
52	SPEECH PATHOLOGY	57,509	60,278	117,787	.803968	.803968	.803968
53	ELECTROCARDIOLOGY	25,500,059	9,548,430	35,048,489	.102544	.102544	.102544
55	MEDICAL SUPPLIES CHARGED	37,066,989	7,979,606	45,046,595	.161164	.161164	.161164
56	DRUGS CHARGED TO PATIENTS	30,696,452	11,644,882	42,341,334	.137428	.137428	.137428
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,406,351	14,786,119	22,192,470	.173051	.173051	.173051
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	384,235	719,938	1,104,173	.271746	.271746	.271746
65	AMBULANCE SERVICES						
101	SUBTOTAL	265,473,802	139,104,655	404,578,457			
102	LESS OBSERVATION BEDS						
103	TOTAL	265,473,802	139,104,655	404,578,457			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2009
I 14-0184	I FROM 5/ 1/2008	I WORKSHEET C
	I TO 4/30/2009	I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,967,044		12,967,044		12,967,044
26	INTENSIVE CARE UNIT	5,091,670		5,091,670		5,091,670
33	NURSERY	1,084,055		1,084,055		1,084,055
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,740,585		7,740,585		7,740,585
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	2,132,241		2,132,241		2,132,241
40	ANESTHESIOLOGY	415,661		415,661		415,661
41	RADIOLOGY-DIAGNOSTIC	3,870,786		3,870,786		3,870,786
41 01	ULTRASOUND	480,149		480,149		480,149
41 02	CT SCAN	474,249		474,249		474,249
41 03	MRI	351,798		351,798		351,798
43	RADIOISOTOPE	729,643		729,643		729,643
44	LABORATORY	4,451,416		4,451,416		4,451,416
46	WHOLE BLOOD & PACKED RED	1,281,879		1,281,879		1,281,879
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	925,216		925,216		925,216
49 01	SLEEP LAB	316,468		316,468		316,468
50	PHYSICAL THERAPY	939,369		939,369		939,369
51	OCCUPATIONAL THERAPY	104,551		104,551		104,551
52	SPEECH PATHOLOGY	94,697		94,697		94,697
53	ELECTROCARDIOLOGY	3,594,025		3,594,025		3,594,025
55	MEDICAL SUPPLIES CHARGED	7,259,877		7,259,877		7,259,877
56	DRUGS CHARGED TO PATIENTS	5,818,872		5,818,872		5,818,872
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,840,420		3,840,420		3,840,420
62	OBSERVATION BEDS (NON-DIS	300,055		300,055		300,055
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	64,264,726		64,264,726		64,264,726
102	LESS OBSERVATION BEDS	300,055		300,055		300,055
103	TOTAL	63,964,671		63,964,671		63,964,671

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-0184
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009 II PREPARED 9/29/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	33,817,172		33,817,172			
26	INTENSIVE CARE UNIT	9,827,817		9,827,817			
33	NURSERY	1,609,019		1,609,019			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	33,753,529	20,014,733	53,768,262	.143962	.143962	.143962
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,910,820	303,331	3,214,151	.663392	.663392	.663392
40	ANESTHESIOLOGY	9,393,439	3,093,875	12,487,314	.033287	.033287	.033287
41	RADIOLOGY-DIAGNOSTIC	4,921,544	9,124,849	14,046,393	.275572	.275572	.275572
41 01	ULTRASOUND	3,358,782	4,142,775	7,501,557	.064007	.064007	.064007
41 02	CT SCAN	9,943,925	14,503,029	24,446,954	.019399	.019399	.019399
41 03	MRI	561,792	4,112,298	4,674,090	.075266	.075266	.075266
43	RADIOISOTOPE	3,464,613	3,176,132	6,640,745	.109874	.109874	.109874
44	LABORATORY	37,472,313	28,849,461	66,321,774	.067118	.067118	.067118
46	WHOLE BLOOD & PACKED RED	2,687,090	1,178,283	3,865,373	.331631	.331631	.331631
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,718,292	679,299	8,397,591	.110176	.110176	.110176
49 01	SLEEP LAB	191,899	3,008,255	3,200,154	.098891	.098891	.098891
50	PHYSICAL THERAPY	2,442,585	2,017,457	4,460,042	.210619	.210619	.210619
51	OCCUPATIONAL THERAPY	287,576	161,625	449,201	.232749	.232749	.232749
52	SPEECH PATHOLOGY	57,509	60,278	117,787	.803968	.803968	.803968
53	ELECTROCARDIOLOGY	25,500,059	9,548,430	35,048,489	.102544	.102544	.102544
55	MEDICAL SUPPLIES CHARGED	37,066,989	7,979,606	45,046,595	.161164	.161164	.161164
56	DRUGS CHARGED TO PATIENTS	30,696,452	11,644,882	42,341,334	.137428	.137428	.137428
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,406,351	14,786,119	22,192,470	.173051	.173051	.173051
62	OBSERVATION BEDS (NON-DIS	384,235	719,938	1,104,173	.271746	.271746	.271746
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	265,473,802	139,104,655	404,578,457			
102	LESS OBSERVATION BEDS						
103	TOTAL	265,473,802	139,104,655	404,578,457			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	7,740,585	1,187,934	6,552,651			7,740,585
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	2,132,241	284,616	1,847,625			2,132,241
41	ANESTHESIOLOGY	415,661	41,144	374,517			415,661
41	RADIOLOGY-DIAGNOSTIC	3,870,786	428,837	3,441,949			3,870,786
41 01	ULTRASOUND	480,149	110,940	369,209			480,149
41 02	CT SCAN	474,249	44,132	430,117			474,249
41 03	MRI	351,798	68,473	283,325			351,798
43	RADIOISOTOPE	729,643	46,785	682,858			729,643
44	LABORATORY	4,451,416	336,789	4,114,627			4,451,416
46	WHOLE BLOOD & PACKED RED	1,281,879	31,288	1,250,591			1,281,879
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	925,216	90,783	834,433			925,216
49 01	SLEEP LAB	316,468	40,422	276,046			316,468
50	PHYSICAL THERAPY	939,369	234,765	704,604			939,369
51	OCCUPATIONAL THERAPY	104,551	10,447	94,104			104,551
52	SPEECH PATHOLOGY	94,697	5,602	89,095			94,697
53	ELECTROCARDIOLOGY	3,594,025	407,690	3,186,335			3,594,025
55	MEDICAL SUPPLIES CHARGED	7,259,877	174,945	7,084,932			7,259,877
56	DRUGS CHARGED TO PATIENTS	5,818,872	202,751	5,616,121			5,818,872
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,840,420	562,737	3,277,683			3,840,420
62	OBSERVATION BEDS (NON-DIS	300,055	50,356	249,699			300,055
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	45,121,957	4,361,436	40,760,521			45,121,957
102	LESS OBSERVATION BEDS	300,055	50,356	249,699			300,055
103	TOTAL	44,821,902	4,311,080	40,510,822			44,821,902

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	53,768,262	.143962	.143962
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	3,214,151	.663392	.663392
40	ANESTHESIOLOGY	12,487,314	.033287	.033287
41	RADIOLOGY-DIAGNOSTIC	14,046,393	.275572	.275572
41 01	ULTRASOUND	7,501,557	.064007	.064007
41 02	CT SCAN	24,446,954	.019399	.019399
41 03	MRI	4,674,090	.075266	.075266
43	RADIOISOTOPE	6,640,745	.109874	.109874
44	LABORATORY	66,321,774	.067118	.067118
46	WHOLE BLOOD & PACKED RED	3,865,373	.331631	.331631
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	8,397,591	.110176	.110176
49 01	SLEEP LAB	3,200,154	.098891	.098891
50	PHYSICAL THERAPY	4,460,042	.210619	.210619
51	OCCUPATIONAL THERAPY	449,201	.232749	.232749
52	SPEECH PATHOLOGY	117,787	.803968	.803968
53	ELECTROCARDIOLOGY	35,048,489	.102544	.102544
55	MEDICAL SUPPLIES CHARGED	45,046,595	.161164	.161164
56	DRUGS CHARGED TO PATIENTS	42,341,334	.137428	.137428
57	RENAL DIALYSIS			
59	OTHER			
59 02	OTHER			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	22,192,470	.173051	.173051
62	OBSERVATION BEDS (NON-DIS	1,104,173	.271746	.271746
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	359,324,449		
102	LESS OBSERVATION BEDS	1,104,173		
103	TOTAL	358,220,276		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	7,740,585	1,187,934	6,552,651	118,793	380,054	7,241,738
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	2,132,241	284,616	1,847,625	28,462	107,162	1,996,617
41	ANESTHESIOLOGY	415,661	41,144	374,517	4,114	21,722	389,825
41	RADIOLOGY-DIAGNOSTIC	3,870,786	428,837	3,441,949	42,884	199,633	3,628,269
41 01	ULTRASOUND	480,149	110,940	369,209	11,094	21,414	447,641
41 02	CT SCAN	474,249	44,132	430,117	4,413	24,947	444,889
41 03	MRI	351,798	68,473	283,325	6,847	16,433	328,518
43	RADIOISOTOPE	729,643	46,785	682,858	4,679	39,606	685,358
44	LABORATORY	4,451,416	336,789	4,114,627	33,679	238,648	4,179,089
46	WHOLE BLOOD & PACKED RED	1,281,879	31,288	1,250,591	3,129	72,534	1,206,216
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	925,216	90,783	834,433	9,078	48,397	867,741
49 01	SLEEP LAB	316,468	40,422	276,046	4,042	16,011	296,415
50	PHYSICAL THERAPY	939,369	234,765	704,604	23,477	40,867	875,025
51	OCCUPATIONAL THERAPY	104,551	10,447	94,104	1,045	5,458	98,048
52	SPEECH PATHOLOGY	94,697	5,602	89,095	560	5,168	88,969
53	ELECTROCARDIOLOGY	3,594,025	407,690	3,186,335	40,769	184,807	3,368,449
55	MEDICAL SUPPLIES CHARGED	7,259,877	174,945	7,084,932	17,495	410,926	6,831,456
56	DRUGS CHARGED TO PATIENTS	5,818,872	202,751	5,616,121	20,275	325,735	5,472,862
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,840,420	562,737	3,277,683	56,274	190,106	3,594,040
62	OBSERVATION BEDS (NON-DIS	300,055	50,356	249,699	5,036	14,483	280,536
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
101	SUBTOTAL	45,121,957	4,361,436	40,760,521	436,145	2,364,111	42,321,701
102	LESS OBSERVATION BEDS	300,055	50,356	249,699	5,036	14,483	280,536
103	TOTAL	44,821,902	4,311,080	40,510,822	431,109	2,349,628	42,041,165

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	53,768,262	.134684	.141753
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	3,214,151	.621196	.654536
41	ANESTHESIOLOGY	12,487,314	.031218	.032957
41	RADIOLOGY-DIAGNOSTIC	14,046,393	.258306	.272519
41 01	ULTRASOUND	7,501,557	.059673	.062528
41 02	CT SCAN	24,446,954	.018198	.019219
41 03	MRI	4,674,090	.070285	.073801
43	RADIOISOTOPE	6,640,745	.103205	.109169
44	LABORATORY	66,321,774	.063012	.066611
46	WHOLE BLOOD & PACKED RED	3,865,373	.312057	.330822
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	8,397,591	.103332	.109095
49 01	SLEEP LAB	3,200,154	.092625	.097628
50	PHYSICAL THERAPY	4,460,042	.196192	.205355
51	OCCUPATIONAL THERAPY	449,201	.218272	.230422
52	SPEECH PATHOLOGY	117,787	.755338	.799214
53	ELECTROCARDIOLOGY	35,048,489	.096108	.101381
55	MEDICAL SUPPLIES CHARGED	45,046,595	.151653	.160775
56	DRUGS CHARGED TO PATIENTS	42,341,334	.129256	.136949
57	RENAL DIALYSIS			
59	OTHER			
59 02	OTHER			
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	22,192,470	.161949	.170515
62	OBSERVATION BEDS (NON-DIS	1,104,173	.254069	.267185
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	359,324,449		
102	LESS OBSERVATION BEDS	1,104,173		
103	TOTAL	358,220,276		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				2,170,343	5,827	2,164,516
26	ADULTS & PEDIATRICS				509,438		509,438
33	INTENSIVE CARE UNIT				125,872		125,872
101	NURSERY						
	TOTAL				2,805,653		2,799,826

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
		PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM 9	OLD CAP CST 10	PER DIEM 11	NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	20,774	11,604			104.19	1,209,021
26	ADULTS & PEDIATRICS	3,611	2,120			141.08	299,090
33	INTENSIVE CARE UNIT	1,773				70.99	
101	NURSERY	26,158	13,724				1,508,111
	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2009
I 14-0184	I FROM 5/ 1/2008	I WORKSHEET D
I COMPONENT NO:	I TO 4/30/2009	I PART II
I 14-0184	I	I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,187,934	53,768,262	16,711,014		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		284,616	3,214,151	29,966		
41	ANESTHESIOLOGY		41,144	12,487,314	3,096,183		
41	RADIOLOGY-DIAGNOSTIC		428,837	14,046,393	3,016,629		
41 01	ULTRASOUND		110,940	7,501,557	2,057,843		
41 02	CT SCAN		44,132	24,446,954	5,617,836		
41 03	MRI		68,473	4,674,090	287,367		
43	RADIOISOTOPE		46,785	6,640,745	1,886,700		
44	LABORATORY		336,789	66,321,774	21,378,626		
46	WHOLE BLOOD & PACKED RED		31,288	3,865,373	1,866,206		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		90,783	8,397,591	4,780,154		
49 01	SLEEP LAB		40,422	3,200,154	75,242		
50	PHYSICAL THERAPY		234,765	4,460,042	1,669,015		
51	OCCUPATIONAL THERAPY		10,447	449,201	191,120		
52	SPEECH PATHOLOGY		5,602	117,787	45,868		
53	ELECTROCARDIOLOGY		407,690	35,048,489	13,797,180		
55	MEDICAL SUPPLIES CHARGED		174,945	45,046,595	20,909,117		
56	DRUGS CHARGED TO PATIENTS		202,751	42,341,334	16,456,340		
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		562,737	22,192,470	3,970,736		
62	OBSERVATION BEDS (NON-DIS		50,356	1,104,173	137,949		
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		4,361,436	359,324,449	117,981,091		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0184 I FROM 5/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 4/30/2009 I PART II
 I 14-0184 I

PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.022094	369,213
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO	.088551	2,654
41	ANESTHESIOLOGY	.003295	10,202
41	RADIOLOGY-DIAGNOSTIC	.030530	92,098
41 01	ULTRASOUND	.014789	30,433
41 02	CT SCAN	.001805	10,140
41 03	MRI	.014649	4,210
43	RADIOISOTOPE	.007045	13,292
44	LABORATORY	.005078	108,561
46	WHOLE BLOOD & PACKED RED	.008094	15,105
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.010811	51,678
49 01	SLEEP LAB	.012631	950
50	PHYSICAL THERAPY	.052637	87,852
51	OCCUPATIONAL THERAPY	.023257	4,445
52	SPEECH PATHOLOGY	.047560	2,181
53	ELECTROCARDIOLOGY	.011632	160,489
55	MEDICAL SUPPLIES CHARGED	.003884	81,211
56	DRUGS CHARGED TO PATIENTS	.004788	78,793
57	RENAL DIALYSIS		
59	OTHER		
59 02	OTHER		
61	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.025357	100,686
62	OBSERVATION BEDS (NON-DIS	.045605	6,291
65	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,230,484

Health Financial Systems	MCRIF32	FOR MARION MEMORIAL HOSPITAL	I	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE			I	PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
SERVICE OTHER PASS THROUGH COSTS			I	14-0184 I FROM 5/ 1/2008 I WORKSHEET D
TITLE XVIII, PART A			I	I TO 4/30/2009 I PART III
				PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS					20,774	
26	ADULTS & PEDIATRICS					3,611	
33	INTENSIVE CARE UNIT					1,773	
101	NURSERY					26,158	
	TOTAL						

Health Financial Systems MCRIF32

FOR MARION MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
I 14-0184 I FROM 5/ 1/2008 I WORKSHEET D
I I TO 4/30/2009 I PART III

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	11,604	
26	INTENSIVE CARE UNIT	2,120	
33	NURSERY		
101	TOTAL	13,724	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	ULTRASOUND					
41 02	CT SCAN					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY					
46	WHOLE BLOOD & PACKED RED					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
49 01	SLEEP LAB					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			53,768,262			16,711,014	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			3,214,151			29,966	
40	ANESTHESIOLOGY			12,487,314			3,096,183	
41	RADIOLOGY-DIAGNOSTIC			14,046,393			3,016,629	
41 01	ULTRASOUND			7,501,557			2,057,843	
41 02	CT SCAN			24,446,954			5,617,836	
41 03	MRI			4,674,090			287,367	
43	RADIOISOTOPE			6,640,745			1,886,700	
44	LABORATORY			66,321,774			21,378,626	
46	WHOLE BLOOD & PACKED RED			3,865,373			1,866,206	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			8,397,591			4,780,154	
49 01	SLEEP LAB			3,200,154			75,242	
50	PHYSICAL THERAPY			4,460,042			1,669,015	
51	OCCUPATIONAL THERAPY			449,201			191,120	
52	SPEECH PATHOLOGY			117,787			45,868	
53	ELECTROCARDIOLOGY			35,048,489			13,797,180	
55	MEDICAL SUPPLIES CHARGED			45,046,595			20,909,117	
56	DRUGS CHARGED TO PATIENTS			42,341,334			16,456,340	
57	RENAL DIALYSIS							
59	OTHER							
59 02	OTHER							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			22,192,470			3,970,736	
62	OBSERVATION BEDS (NON-DIS			1,104,173			137,949	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			359,324,449			117,981,091	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	6,006,174					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	654					
41	ANESTHESIOLOGY	848,789					
41	RADIOLOGY-DIAGNOSTIC	2,556,918					
41 01	ULTRASOUND	1,624,093					
41 02	CT SCAN	4,645,484					
41 03	MRI	1,356,523					
43	RADIOISOTOPE	1,547,808					
44	LABORATORY	765,070					
46	WHOLE BLOOD & PACKED RED	866,784					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	288,431					
49 01	SLEEP LAB	804,576					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	948					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,783,054					
55	MEDICAL SUPPLIES CHARGED	2,683,397					
56	DRUGS CHARGED TO PATIENTS	3,505,126					
57	RENAL DIALYSIS						
59	OTHER						
59 02	OTHER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,180,278					
62	OBSERVATION BEDS (NON-DIS	89,904					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	34,554,011					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2009
I 14-0184	I FROM 5/ 1/2008	I WORKSHEET D
I COMPONENT NO:	I TO 4/30/2009	I PART V
I 14-0184	I	I

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.143962	.143962			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.663392	.663392			
40 ANESTHESIOLOGY	.033287	.033287			
41 RADIOLOGY-DIAGNOSTIC	.275572	.275572			
41 01 ULTRASOUND	.064007	.064007			
41 02 CT SCAN	.019399	.019399			
41 03 MRI	.075266	.075266			
43 RADIOISOTOPE	.109874	.109874			
44 LABORATORY	.067118	.067118			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.331631	.331631			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.110176	.110176			
49 01 SLEEP LAB	.098891	.098891			
50 PHYSICAL THERAPY	.210619	.210619			
51 OCCUPATIONAL THERAPY	.232749	.232749			
52 SPEECH PATHOLOGY	.803968	.803968			
53 ELECTROCARDIOLOGY	.102544	.102544			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.161164	.161164			
56 DRUGS CHARGED TO PATIENTS	.137428	.137428			
57 RENAL DIALYSIS					
59 OTHER					
59 02 OTHER					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.173051	.173051			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.271746	.271746			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		6,006,174			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM		654			
40	ANESTHESIOLOGY		848,789			
41	RADIOLOGY-DIAGNOSTIC		2,556,918			
41 01	ULTRASOUND		1,624,093			
41 02	CT SCAN		4,645,484			
41 03	MRI		1,356,523			
43	RADIOISOTOPE		1,547,808			
44	LABORATORY		765,070			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		866,784			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		288,431	198		
49 01	SLEEP LAB		804,576			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY		948			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		4,783,054			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,683,397			
56	DRUGS CHARGED TO PATIENTS		3,505,126	4,933		
57	RENAL DIALYSIS					
59	OTHER					
59 02	OTHER					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		2,180,278			
62	OBSERVATION BEDS (NON-DISTINCT PART)		89,904			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		34,554,011	5,131		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		34,554,011	5,131		

TITLE XVIII, PART B

HOSPITAL

	Outpatient Radiology	Other outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				864,661	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				434	
40 ANESTHESIOLOGY				28,254	
41 RADIOLOGY-DIAGNOSTIC				704,615	
41 01 ULTRASOUND				103,953	
41 02 CT SCAN				90,118	
41 03 MRI				102,100	
43 RADIOISOTOPE				170,064	
44 LABORATORY				51,350	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				287,452	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				31,778	22
49 01 SLEEP LAB				79,565	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY				221	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				490,473	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				432,467	
56 DRUGS CHARGED TO PATIENTS				481,702	678
57 RENAL DIALYSIS					
59 OTHER					
59 02 OTHER					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				377,299	
62 OBSERVATION BEDS (NON-DISTINCT PART)				24,431	
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				4,320,937	700
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES				4,320,937	700

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 ULTRASOUND			
41 02 CT SCAN			
41 03 MRI			
43 RADIOISOTOPE			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
49 01 SLEEP LAB			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 OTHER			
59 02 OTHER			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	20,973
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,774
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,774
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	151
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	48
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,604
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	132
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	31
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	174.94
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	174.94
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,967,044
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	26,416
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	8,397
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	34,813
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,932,231

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	33,602,082
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	33,602,082
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.384864
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,617.51
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,932,231

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	23,092
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	5,423
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	28,515
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A	HOSPITAL	PPS
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PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
72 PER DIEM CAPITAL-RELATED COSTS
73 PROGRAM CAPITAL-RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	482
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	622.52
85	OBSERVATION BED COST	300,055

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		12,932,231		300,055	
87 NEW CAPITAL-RELATED COST	2,170,343	12,932,231	.167824	300,055	50,356
88 NON PHYSICIAN ANESTHETIST		12,932,231		300,055	
89 MEDICAL EDUCATION		12,932,231		300,055	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		19,417,504	
26	INTENSIVE CARE UNIT		5,746,252	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.143962	16,711,014	2,405,751
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.663392	29,966	19,879
40	ANESTHESIOLOGY	.033287	3,096,183	103,063
41	RADIOLOGY-DIAGNOSTIC	.275572	3,016,629	831,298
41 01	ULTRASOUND	.064007	2,057,843	131,716
41 02	CT SCAN	.019399	5,617,836	108,980
41 03	MRI	.075266	287,367	21,629
43	RADIOISOTOPE	.109874	1,886,700	207,299
44	LABORATORY	.067118	21,378,626	1,434,891
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.331631	1,866,206	618,892
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.110176	4,780,154	526,658
49 01	SLEEP LAB	.098891	75,242	7,441
50	PHYSICAL THERAPY	.210619	1,669,015	351,526
51	OCCUPATIONAL THERAPY	.232749	191,120	44,483
52	SPEECH PATHOLOGY	.803968	45,868	36,876
53	ELECTROCARDIOLOGY	.102544	13,797,180	1,414,818
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.161164	20,909,117	3,369,797
56	DRUGS CHARGED TO PATIENTS	.137428	16,456,340	2,261,562
57	RENAL DIALYSIS			
59	OTHER			
59 02	OTHER			
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.173051	3,970,736	687,140
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.271746	137,949	37,487
65	AMBULANCE SERVICES			
101	TOTAL		117,981,091	14,621,186
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		117,981,091	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0184	I	FROM 5/ 1/2008	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 4/30/2009	I	
I	14-U184	I		I	

TITLE XVIII, PART A

SWING BED SNF

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.143962		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.663392		
40	ANESTHESIOLOGY	.033287		
41	RADIOLOGY-DIAGNOSTIC	.275572	8,221	2,265
41 01	ULTRASOUND	.064007		
41 02	CT SCAN	.019399		
41 03	MRI	.075266		
43	RADIOISOTOPE	.109874		
44	LABORATORY	.067118	52,546	3,527
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.331631	3,225	1,070
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.110176	32,563	3,588
49 01	SLEEP LAB	.098891		
50	PHYSICAL THERAPY	.210619	65,856	13,871
51	OCCUPATIONAL THERAPY	.232749	17,251	4,015
52	SPEECH PATHOLOGY	.803968	3,121	2,509
53	ELECTROCARDIOLOGY	.102544	2,778	285
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.161164	48,550	7,825
56	DRUGS CHARGED TO PATIENTS	.137428	93,437	12,841
57	RENAL DIALYSIS			
59	OTHER			
59 02	OTHER			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.173051		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.271746		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		327,548	51,796
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		327,548	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2009
I 14-0184	I FROM 5/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 4/30/2009	I PART A
I 14-0184	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

DRG AMOUNT

1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	7,942,868
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,765,721
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	6,354,295

MANAGED CARE PATIENTS

1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)	
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	534,632
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	90.38

INDIRECT MEDICAL EDUCATION ADJUSTMENT

3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I	
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	

FOR CR PERIODS ENDING ON OR
AFTER 7/1/2005
E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1	
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10	
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	

SUM OF LINES
3.21 - 3.23
PLUS E-3, PT
VI, LINE 23

DISPROPORTIONATE SHARE ADJUSTMENT	
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.86
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	22.31
4.02 SUM OF LINES 4 AND 4.01	28.17
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	12.45
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,373,329

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)	
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED	9/29/2009
I 14-0184	I FROM 5/ 1/2008	I WORKSHEET E	
I COMPONENT NO:	I TO 4/30/2009	I PART A	
I 14-0184	I	I	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	335.00
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	21,970,845
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	21,653,430
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	21,970,845
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,696,803
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	23,667,648
17	PRIMARY PAYER PAYMENTS	14,039
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	23,653,609
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,088,104
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	87,647
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	188,911
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	132,238
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	160,314
22	SUBTOTAL	21,610,096
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	21,610,096
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	22,022,657
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	-412,561
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	290,146

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50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0184	I	FROM 5/ 1/2008	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 4/30/2009	I	PART B	
I	14-0184	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	700
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,320,937
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,793,370
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.836
1.04	LINE 1.01 TIMES LINE 1.03.	3,612,303
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	700
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	5,131
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	5,131
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	5,131
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,431
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	700
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,793,370
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,057
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,033,257
19	SUBTOTAL (SEE INSTRUCTIONS)	2,759,756
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,759,756
24	PRIMARY PAYER PAYMENTS	42
25	SUBTOTAL	2,759,714
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	169,686
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	118,780
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	144,859
28	SUBTOTAL	2,878,494
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,878,494
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,220,824
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-342,330
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	92,285
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		21,764,557		2,760,039
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		217,600		424,785
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	12/ 4/2008	40,500	12/ 4/2008	36,000
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		40,500		36,000
4 TOTAL INTERIM PAYMENTS		22,022,657		3,220,824
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01		412,561		342,330
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		21,610,096		2,878,494

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0184	I	FROM 5/ 1/2008	I	WORKSHEET E-1
I	COMPONENT NO:	I	TO 4/30/2009	I	
I	14-U184	I		I	

TITLE XVIII

SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		56,115		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		56,115		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		56,115		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

- (1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	57,011	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	163	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	57,011	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	57,011	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	57,011	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	896	
14	80% OF PART B COSTS		
15	SUBTOTAL	56,115	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	56,115	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	56,115	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

BALANCE SHEET

PROVIDER NO: 14-0184
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/29/2009
 WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-250,366			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	23,081,359			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,836,839			
7	INVENTORY	2,804,909			
8	PREPAID EXPENSES	824,597			
9	OTHER CURRENT ASSETS	26,896			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	24,650,556			
FIXED ASSETS					
12	LAND	1,426,860			
12.01					
13	LAND IMPROVEMENTS	516,261			
13.01	LESS ACCUMULATED DEPRECIATION	-223,414			
14	BUILDINGS	42,219,628			
14.01	LESS ACCUMULATED DEPRECIATION	-5,452,887			
15	LEASEHOLD IMPROVEMENTS	2,376,869			
15.01	LESS ACCUMULATED DEPRECIATION	-411,501			
16	FIXED EQUIPMENT	1,944,261			
16.01	LESS ACCUMULATED DEPRECIATION	-911,147			
17	AUTOMOBILES AND TRUCKS	74,955			
17.01	LESS ACCUMULATED DEPRECIATION	-64,223			
18	MAJOR MOVABLE EQUIPMENT	13,150,020			
18.01	LESS ACCUMULATED DEPRECIATION	-9,324,207			
19	MINOR EQUIPMENT DEPRECIABLE	4,979,342			
19.01	LESS ACCUMULATED DEPRECIATION	-3,971,893			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	46,328,924			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	7,469,381			
26	TOTAL OTHER ASSETS	7,469,381			
27	TOTAL ASSETS	78,448,861			

BALANCE SHEET

I
I
IPROVIDER NO:
14-0184

I PERIOD:

I FROM 5/ 1/2008

I TO 4/30/2009

I PREPARED 9/29/2009

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,589,939			
29 SALARIES, WAGES & FEES PAYABLE	2,033,448			
30 PAYROLL TAXES PAYABLE	223,016			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	24,336			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-88,765,844			
35 OTHER CURRENT LIABILITIES	933,263			
36 TOTAL CURRENT LIABILITIES	-80,961,842			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	32,448			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	32,448			
43 TOTAL LIABILITIES	-80,929,394			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	159,378,255			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	159,378,255			
52 TOTAL LIABILITIES AND FUND BALANCES	-78,448,861			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0184	I	FROM 5/ 1/2008	I	WORKSHEET G-1	
I		I	TO 4/30/2009	I		

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		128,574,275
2 OF PERIOD		
3 NET INCOME (LOSS)		30,803,982
4 TOTAL		159,378,257
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		159,378,257
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 ROUNDING	2	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		2
19 FUND BALANCE AT END OF		159,378,255
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 ROUNDING		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I
I
IPROVIDER NO:
14-0184

I PERIOD:

I FROM 5/ 1/2008

I TO 4/30/2009

I PREPARED 9/29/2009
I WORKSHEET G-2
I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	35,143,184		35,143,184
4 00 SWING BED - SNF	283,007		283,007
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	35,426,191		35,426,191
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,827,817		9,827,817
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,827,817		9,827,817
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	45,254,008		45,254,008
17 00 ANCILLARY SERVICES	212,429,208	123,293,595	335,722,803
18 00 OUTPATIENT SERVICES	7,790,586	15,506,057	23,296,643
20 00 AMBULANCE SERVICES			
24 00 PROFESSIONAL FEE REVENUE	3,191,255	2,871,300	6,062,555
25 00 TOTAL PATIENT REVENUES	268,665,057	141,670,952	410,336,009

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	87,654,517
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	87,654,517

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: 14-0184 I PERIOD: FROM 5/ 1/2008 TO 4/30/2009 I PREPARED 9/29/2009 I WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	410,336,009
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	291,732,971
3	NET PATIENT REVENUES	118,603,038
4	LESS: TOTAL OPERATING EXPENSES	87,654,517
5	NET INCOME FROM SERVICE TO PATIENTS	30,948,521
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	94,122
25	TOTAL OTHER INCOME	94,122
26	TOTAL	31,042,643
	OTHER EXPENSES	
27	LOSS ON SALE OF ASSETS	238,661
28		
29		
30	TOTAL OTHER EXPENSES	238,661
31	NET INCOME (OR LOSS) FOR THE PERIOD	30,803,982

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0184	I	FROM 5/ 1/2008	I	WORKSHEET L
I	COMPONENT NO:	I	TO 4/30/2009	I	PARTS I-IV
I	14-0184	I		I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,571,562
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	125,241
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	65.49
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,696,803
PART II -	HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III -	PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV -	COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	